

United States Bankruptcy Court for the:

Central District of California

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

## 1. Debtor's name

Everlasting Hospice, Inc.

## 2. All other names debtor used in the last 8 years

Everlasting Hospice Inc.

Include any assumed names, trade names, and *doing business as* names

## 3. Debtor's federal Employer Identification Number (EIN)

45-3979296

## 4. Debtor's address

## Principal place of business

9548 Topanga Canyon Blvd.

Number Street

## Mailing address, if different from principal place of business

Number Street

Chatsworth CA 91311

City State ZIP Code

P.O. Box

City State ZIP Code

Los Angeles County

County

## Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

## 5. Debtor's website (URL)

\_\_\_\_\_

## 6. Type of debtor

 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: \_\_\_\_\_

Debtor	Everlasting Hospice, Inc. Name _____		Case number (if known) _____
<p><b>7. Describe debtor's business</b></p> <p>A. Check one:</p> <p><input checked="" type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))  <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))  <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))  <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))  <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))  <input type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501)  <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a> .</p> <p style="text-align: center;"><u>6216</u></p>			
<b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b>	<p>Check one:</p> <p><input checked="" type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.</p> <p><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>		
<b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____            MM / DD / YYYY</p> <p>District _____ When _____ Case number _____            MM / DD / YYYY</p>		
<b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____            District _____ When _____            MM / DD / YYYY</p> <p>Case number, if known _____</p>		

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?  No  Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**  
 No  
 Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors  1-49  1,000-5,000  25,001-50,000  
 50-99  5,001-10,000  50,001-100,000  
 100-199  10,001-25,000  More than 100,000  
 200-999

15. Estimated assets  \$0-\$50,000  \$1,000,001-\$10 million  \$500,000,001-\$1 billion  
 \$50,001-\$100,000  \$10,000,001-\$50 million  \$1,000,000,001-\$10 billion  
 \$100,001-\$500,000  \$50,000,001-\$100 million  \$10,000,000,001-\$50 billion  
 \$500,001-\$1 million  \$100,000,001-\$500 million  More than \$50 billion

Debtor	Everlasting Hospice, Inc. Name		Case number (if known)
<b>16. Estimated liabilities</b>	<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

### Request for Relief, Declaration, and Signatures

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor** The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/17/2023  
MM / DD / YYYY



Signature of authorized representative of debtor

Arnulf Roan Tuadles

Printed name

Title President

**18. Signature of attorney**

 /s/ William H. Brownstein

Signature of attorney for debtor

Date 04/17/2023

MM / DD / YYYY

William Brownstein

Printed name

William H. Brownstein & Associates, P.C.

Firm name

39 Rumson Road

Number Street

Rumson

City

NJ

07760-1920

State

ZIP Code

3104580048

Contact phone

brownsteinlaw.bill@gmail.com

Email address

State Bar Number 84507

Bar number

CA

State

**STATEMENT OF RELATED CASES**  
**INFORMATION REQUIRED BY LBR 1015-2**  
**UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

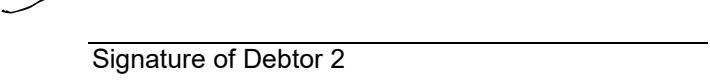
1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)  
None
2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)  
None
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)  
None
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)  
None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Chatsworth, California

Date: 4/17/2023

  
Signature of Debtor 1

  
Signature of Debtor 2

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
EVERLASTING HOSPICE, INC.**

A duly noticed and scheduled special meeting of the Board of Directors of Everlasting Hospice, Inc. (the "Corporation"), took place on April 17, 2023 at 10:00 a.m. at 7309 Tampa Ave, Reseda, ca 91335-2462

Present was Arnulf Roan Tuadles, the sole officer, shareholder and director

**WHEREAS**, the Corporation is in the process of liquidating, and

**WHEREAS**, the Corporation believes it is in its best interest to seek the protection afforded under title 11 of the United States Code (the "Bankruptcy Code"), and

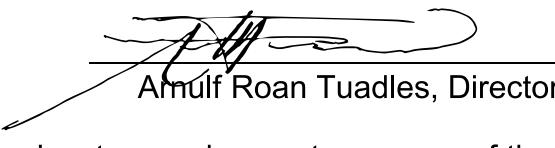
**WHEREAS**, the Corporation wishes to retain counsel for the purpose of representing it in a bankruptcy case,

**IT IS HEREBY RESOLVED** that the Corporation is authorized to retain counsel for and to file a bankruptcy petition under Chapter 7 of the Bankruptcy Code; and it is further

**RESOLVED** that the Corporation is authorized to file a bankruptcy case through counsel.

There being no further matters to take place the meeting was adjourned.

DATED: April 17, 2023

  
Arnulf Roan Tuadles, Director

I affirm and certify that the foregoing is a true and correct summary of the Special Meeting of the Board of Directors.

DATED: April 17, 2023

  
Arnulf Roan Tuadles, Secretary

<p>Attorney or Party Name, Address, Telephone &amp; FAX Nos., State Bar No. &amp; Email Address William H. Brownstein, SBN 84507 William H. Brownstein &amp; Associates, Professional Corporation 39 Rumson Road Rumson, NJ 07760-1920 (310) 458-0048 Telecopier: (310) 362-3212 Email: Brownstenlaw.bill@gmail.com</p>	<p>FOR COURT USE ONLY</p>
<p><input checked="" type="checkbox"/> Attorney for: Debtor</p>	
<p><b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b></p>	
<p>In re: EVERLASTING HOSPICE, INC.,</p>	<p>CASE NO.: ADVERSARY NO.: CHAPTER: 7</p>
Debtor(s).	<p><b>CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</b></p>
Plaintiff(s),  Defendant(s).	<p>[No hearing]</p>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Arnulf Roan Tuadles, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

I am the president or other officer or an authorized agent of the Debtor corporation  
 I am a party to an adversary proceeding  
 I am a party to a contested matter  
 I am the attorney for the Debtor corporation

2.a.  The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

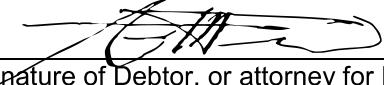
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[For additional names, attach an addendum to this form.]

b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 04/18/2023

By:   
Signature of Debtor, or attorney for Debtor

Name: Arnulf Roan Tuadles  
Printed name of Debtor, or attorney for Debtor

Fill in this information to identify the case:

Debtor name Everlasting Hospice, Inc.  
United States Bankruptcy Court for the: Central District of California  
(State)  
Case number (If known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B* .....

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B* .....

\$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B* .....

\$ 0.00

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

\$ 1,679,077.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+\$ 1,479,444.91

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 3,158,521.91

Fill in this information to identify the case:

Debtor name	Everlasting Hospice, Inc.
United States Bankruptcy Court for the:	Central District of California
Case number (If known):	

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2. Cash on hand			\$ _____
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____
4. Other cash equivalents (Identify all)			
4.1. _____	_____		\$ _____
4.2. _____	_____		\$ _____
5. Total of Part 1			\$ _____

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.  
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

## 8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

## 9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81. \_\_\_\_\_ \$ \_\_\_\_\_

## Part 3: Accounts receivable

## 10. Does the debtor have any accounts receivable?

 No. Go to Part 4. Yes. Fill in the information below.

## 11. Accounts receivable

	Current value of debtor's interest
11a. 90 days old or less: $\frac{0.00}{\text{face amount}}$ - $\frac{0.00}{\text{doubtful or uncollectible accounts}}$ = ..... →	\$ 0.00
11b. Over 90 days old: $\frac{63,000.00}{\text{face amount}}$ - $\frac{63,000.00}{\text{doubtful or uncollectible accounts}}$ = ..... →	\$ 0.00

## 12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. \_\_\_\_\_ \$ 0.00

## Part 4: Investments

## 13. Does the debtor own any investments?

 No. Go to Part 5. Yes. Fill in the information below.

## 14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

Valuation method used for current value

Current value of debtor's interest

## 15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_  
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

## 16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

## 17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83. \_\_\_\_\_ \$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$ \_\_\_\_\_

**24. Is any of the property listed in Part 5 perishable?**

No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?** No Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Office furniture all in storage	\$ 966.00	Book value	\$ Unknown
40. <b>Office fixtures</b>	\$ _____	_____	\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> All office equipment (tables, chairs etc)	\$ _____	_____	\$ Unknown
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	· \$ _____
43. <b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?** No Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment  
(excluding farm machinery and equipment)**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	---	------------------------------------

55.1

\$ \_\_\_\_\_

55.2

\$ \_\_\_\_\_

55.3

\$ \_\_\_\_\_

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?** No  
 Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No  
 Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

**60. Patents, copyrights, trademarks, and trade secrets**

\$ \_\_\_\_\_

**61. Internet domain names and websites**

\$ \_\_\_\_\_

**62. Licenses, franchises, and royalties**

\$ \_\_\_\_\_

**63. Customer lists, mailing lists, or other compilations**

\$ \_\_\_\_\_

**64. Other intangibles, or intellectual property**

\$ \_\_\_\_\_

**65. Goodwill**

\$ \_\_\_\_\_

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ \_\_\_\_\_

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - Total face amount      →      doubtful or uncollectible amount      \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_  
**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\_\_\_\_\_ \$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9. . . . . →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a. . . . .	\$ 0.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. . . . .	0.00	\$ 0.00

## Fill in this information to identify the case:

Debtor name	Everlasting Hospice, Inc.
United States Bankruptcy Court for the:	Central District of California
Case number (If known):	

Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

## 2.1 Creditor's name

CAP ERS Repayment Plan

## Describe debtor's property that is subject to a lien

All office equipment (tables, chairs etc)

Column A  
Amount of claim  
Do not deduct the value of collateral.

Column B  
Value of collateral that supports this claim

\$ 1,608,077.00 \$ Unknown

## Creditor's mailing address

---



---

## Describe the lien

## Is the creditor an insider or related party?

No

Yes

## Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

## 2.2 Creditor's name

Loans payable

## Describe debtor's property that is subject to a lien

\$ 8,000.00 \$ 0.00

## Creditor's mailing address

---



---

## Describe the lien

## Is the creditor an insider or related party?

No

Yes

## Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

## 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 1,679,077.00



### Debtor

Everlasting Hospice, Inc.

Case number (if known)

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor	Everlasting Hospice, Inc.
United States Bankruptcy Court for the:	Central District of California
Case number (If known)	_____

Check if this is an  
amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Department of the Treasury Internal Revenue Service P.O. Box 7346 Philadelphia, PA, 19101-7346	As of the petition filing date, the claim is: \$ <u>Unknown</u>	\$ _____
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred 2022	Basis for the claim: Taxes & Other Government Units	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	Priority creditor's name and mailing address State of California Franchise Tax Board P.O. Box 2951 Sacramento, CA, 95812	As of the petition filing date, the claim is: \$ <u>Unknown</u>	\$ _____
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.3	Priority creditor's name and mailing address State of California California Department of Tax and Fee Administration 1521 Cameron Ave Suite 300 West Covina, CA, 91790	As of the petition filing date, the claim is: \$ <u>Unknown</u>	\$ _____
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Taxes & Other Government Units	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. <sup>4</sup> Priority creditor's name and mailing address	<p>State of California Board of Equalization Account Information Group, MIC: 29 P.O. Box 942879 Sacramento, CA, 94279-0029</p> <p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>		
Date or dates debt was incurred	Basis for the claim:		
_____	Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset?		
_____	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. Priority creditor's name and mailing address	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred	Basis for the claim:		
_____	_____		
Last 4 digits of account number	Is the claim subject to offset?		
_____	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. Priority creditor's name and mailing address	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred	Basis for the claim:		
_____	_____		
Last 4 digits of account number	Is the claim subject to offset?		
_____	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. Priority creditor's name and mailing address	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
Date or dates debt was incurred	Basis for the claim:		
_____	_____		
Last 4 digits of account number	Is the claim subject to offset?		
_____	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	Date or dates debt was incurred	Last 4 digits of account number	As of the petition filing date, the claim is:		Amount of claim
				Check all that apply.		
3.1	CMS Medicare P.O. Box 6131  Indianapolis, IN, 46206	09302018	L3475424 ? NETT	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	\$ 1,421,514.46
				<input type="checkbox"/> Disputed		
				Basis for the claim:		Monies Loaned / Advanced
3.2	De Gage Landen Leasing 1111 Old Eagle School RD Eileen Tansy Inquiry to Resolution Wayne, PA, 19087	09302018	L3475424 ? NETT	Is the claim subject to offset?		
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
				As of the petition filing date, the claim is:		
				Check all that apply.		\$ Unknown
				<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated	
				<input checked="" type="checkbox"/> Disputed		
				Basis for the claim:		Lease
3.3	Inerlang LLC, d.b.a. Montgomery DME c/o POOJA L. SHAH DENTONS US LLP 601 South Figueroa Street, Suite 2500 Los Angeles, CA, 90017	09302018	00760852 [ ref: 0C ]	Is the claim subject to offset?		
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
				As of the petition filing date, the claim is:		
				Check all that apply.		\$ Unknown
				<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated	
				<input checked="" type="checkbox"/> Disputed		
				Basis for the claim:		Suppliers or Vendors
3.4	Interlang, LLC d/b/a Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	05/01/2017	23STCV04593	Is the claim subject to offset?		
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
				As of the petition filing date, the claim is:		
				Check all that apply.		\$ 0.00
				<input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated	
				<input checked="" type="checkbox"/> Disputed		
				Basis for the claim:		Services
3.5	Latasha Coyle c/o Andrew Athanassious, Esq. The Athanassious Law Office 4231 Balboa Avenue #1261 San Diego, CA, 92117	05/01/2017	23STCV04593	Is the claim subject to offset?		
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
				As of the petition filing date, the claim is:		
				Check all that apply.		\$ Unknown
				<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed		
				Basis for the claim:		Employee claim for unpaid wages
3.6	Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	06/01/2025	INVOICE# 22143	Is the claim subject to offset?		
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
				As of the petition filing date, the claim is:		
				Check all that apply.		\$ 12,098.22
				<input type="checkbox"/> Contingent	<input checked="" type="checkbox"/> Unliquidated	
				<input type="checkbox"/> Disputed		
				Basis for the claim:		Services

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address  Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 8,962.72
	Date or dates debt was incurred  Last 4 digits of account number	01/01/2023  INVOICE# 26317	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>8</sup>	Nonpriority creditor's name and mailing address  Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 7,816.22
	Date or dates debt was incurred  Last 4 digits of account number	02/01/2023  NVOICE# 27070	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>9</sup>	Nonpriority creditor's name and mailing address  Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 15,036.74
	Date or dates debt was incurred  Last 4 digits of account number	12/01/2022  INVOICE # 25540	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>10</sup>	Nonpriority creditor's name and mailing address  Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 14,016.55
	Date or dates debt was incurred  Last 4 digits of account number	INVOICE# 23173	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3. <sup>11</sup>	Nonpriority creditor's name and mailing address  Motaz M. Gerges, Attorney at Law 18543 Devonshire St. #448  Northridge, CA, 91324	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Debt Counseling / Attorneys	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address  National Government Services P.O. Box 6474 Indianapolis, IN, 46206	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Collection Agency	\$ Unknown
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ _____
3.	Nonpriority creditor's name and mailing address  Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ _____

## Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	National Government Services, Inc Attn: Provider Written General Inquiries P.O. Box 6474 Indianapolis, IN, 46206	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain: _____	<u>6382</u>
4.2.	Pablo Mie;ruel, VP of Operations Interlang, Inc dba Montgomery DME 14109 Pontlavoy Ave Santa Fe Springs, CA, 90670	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	
4.3.	Pooja J. Shah, Dentons US, LLP 601 S Figueroa Street Suite 2500 Los Angeles, CA, 90017-5704	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	<u>4593</u>
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

		Total of claim amounts
5a.	Total claims from Part 1	\$ 0.00
5b.	Total claims from Part 2	5b. + \$ 1,479,444.91
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 1,479,444.91

Fill in this information to identify the case:

Debtor name Everlasting Hospice, Inc.  
United States Bankruptcy Court for the: Central District of California  
Case number (If known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Everlasting Hospice, Inc.

United States Bankruptcy Court for the: Central District of California

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

<i>Column 1: Codebtor</i>		<i>Column 2: Creditor</i>	
<b>Name</b>	<b>Mailing address</b>	<b>Name</b>	<i>Check all schedules that apply:</i>
2.1			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name	Everlasting Hospice, Inc.
United States Bankruptcy Court for the: Central District of California	
Case number (If known):	_____

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>MM / DD / YYYY</u>	to <u>Filing date</u>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>0.00</u>
<b>For prior year:</b>	From <u>MM / DD / YYYY</u>	to <u>MM / DD / YYYY</u>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>0.00</u>
<b>For the year before that:</b>	From <u>01/01/2021</u> <u>MM / DD / YYYY</u>	to <u>12/31/2021</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>2,487,838.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>MM / DD / YYYY</u>	to <u>Filing date</u>		\$ <u>0.00</u>
<b>For prior year:</b>	From <u>MM / DD / YYYY</u>	to <u>MM / DD / YYYY</u>		\$ <u>0.00</u>
<b>For the year before that:</b>	From <u>01/01/2021</u> <u>MM / DD / YYYY</u>	to <u>12/31/2021</u> <u>MM / DD / YYYY</u>	<u>Gross Income</u>	\$ <u>0.00</u>

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Latasha Coyle Creditor's name c/o Andrew Athanassious, Esq. The Athanassious Law Office 4231 Balboa Avenue #1261 San Diego, CA 92117	04/06/2023	\$ 12,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.2. _____ Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name _____ _____	_____	\$ _____	
<b>Relationship to debtor</b>			
4.2. _____ Insider's name _____ _____	_____	\$ _____	
<b>Relationship to debtor</b>			

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____	_____	_____	\$ _____

5.2. \_\_\_\_\_

Creditor's name \_\_\_\_\_ \$ \_\_\_\_\_

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.3. _____ Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. v. Everlastin Hospice Inc. Interlang, LLC d/b/a Montgomery DME	Breacj pf Cpmtract	Los Angeles Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
23STCV04593 _____	_____	111 North Hill Street Los Angeles, CA 90012	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

7.2. \_\_\_\_\_

Case title \_\_\_\_\_ Court or agency's name and address \_\_\_\_\_  
 Pending  
 On appeal  
 Concluded

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
Custodian's name _____	_____	\$ _____
	Case title _____	Court name and address _____
	Case number _____	Name _____
	Date of order or assignment _____	_____

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name _____	_____	_____	\$ _____
	_____	_____	\$ _____
Recipient's relationship to debtor _____	_____	_____	_____
9.2. Recipient's name _____	_____	_____	\$ _____
Recipient's relationship to debtor _____	_____	_____	_____

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	_____	_____	_____
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	_____	_____	\$ _____

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Motaz M. Gerges, Attorney at Law	Legal services	_____	\$ _____
Address 18543 Devonshire St. #448 Northridge, CA 91324			

Email or website address  
motazgerges@gmail.com

Who made the payment, if not debtor?

\_\_\_\_\_

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____	_____	_____	\$ _____
Address			

Email or website address  
\_\_\_\_\_

Who made the payment, if not debtor?

\_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____		_____	\$ _____

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

Who received transfer? \_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. From \_\_\_\_\_ To \_\_\_\_\_

14.2. From \_\_\_\_\_ To \_\_\_\_\_

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?  
 No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Everlasting Hospice, LLC Facility name	Provide hospice services for terminally ill patients	_____
9548 Topanga Canyon Blvd Chatsworth, CA 91311	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	9548 Topanga Canyon Blvd, Chatsworth, CA 91311	Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2. Facility name	_____	_____
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
	_____	Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained. Medical records of hospice care parties all are kept confidential  
 Does the debtor have a privacy policy about that information?  
 No  
 Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?  
 No. Go to Part 10.  
 Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	_____

Has the plan been terminated?

No  
 Yes

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
U.S. Storage Name 9818 De Soto Ave, Unit f125 Chatsworth, CA 91311	Address _____	_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____ Name _____			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____		EIN: _____ <b>Dates business existed</b>
		From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Name _____		EIN: _____ <b>Dates business existed</b>
		From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. Name _____		EIN: _____ <b>Dates business existed</b>
		From _____ To _____

Debtor Everlasting Hospice,Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

	Name and address	Dates of service
26a.1.	LORNA C RODRIGUEZ, MBA Name 8228 CHAMBERLAIN LNR, RESEDA, CA 91335	From _____ To _____

	Name and address	Dates of service
26a.2.	Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

	Name and address	Dates of service
26b.1.	Name	From _____ To _____

	Name and address	Dates of service
26b.2.	Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	Name	

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

**Name and address**

If any books of account and records are  
unavailable, explain why

26c.2.

Name \_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1.

National Government Services A CMS Administrative Contractor

Name \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_

Debtor Everlasting Hospice, Inc. \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
_____	_____	\$ _____

Name and address of the person who has possession of inventory records

27.2. \_\_\_\_\_

Name \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mr. Arnulf Roan Tuadles	9548 Topanga Canyon Blvd., Chatsworth, CA 91311	President and CEO	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Relationship to debtor	_____	_____	_____

Debtor Everlasting Hospice, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No  
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/17/2023  
MM / DD / YYYY

  
X \_\_\_\_\_

Printed name Arnulf Roan Tuadles

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

Fill in this information to identify the case and this filing:

Debtor Name Everlasting Hospice, Inc.  
United States Bankruptcy Court for the: Central District of California  
Case number (If known): \_\_\_\_\_

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/17/2023  
MM / DD / YYYY



Signature of individual signing on behalf of debtor

ARNULFO TUAPLES

Printed name

PRESIDENT

Position or relationship to debtor

# United States Bankruptcy Court

Central District of California

**In re** Everlasting Hospice, Inc.

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>7</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ .....  
Prior to the filing of this statement I have received. .... \$ .....  
Balance Due. .... \$ .....

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ 5,000.00  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ 600.00  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor  Other (specify) Debtor and Debtor's president

3. The source of compensation to be paid to me is:

Debtor  Other (specify) Debtor;s president

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/17/2023

*Date*

/s/ William H. Brownstein

*Signature of Attorney*

William H. Brownstein & Associates, P.C.

*Name of law firm*  
39 Rumson Road  
Rumson, NJ 07760-1920

**United States Bankruptcy Court**

**IN RE:**

**Everlasting Hospice, Inc.**

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Mr. Arnulf Roan Tuadles 9548 Topanga Canyon Blvd., Chatsworth, CA 91311	100	Common stockholder

<p>Attorney or Party Name, Address, Telephone &amp; FAX Nos., State Bar No. &amp; Email Address William H. Brownstein, SBN 84507 William H. Brownstein &amp; Associates, Professional Corporation 39 Rumson Road Rumson, NJ 07760-1920 (310) 458-0048 Telecopier: (310) 362-3212 Email: Brownstenlaw.bill@gmail.com</p>	<p>FOR COURT USE ONLY</p>
<p><input checked="" type="checkbox"/> Attorney for: Debtor</p>	
<p><b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b></p>	
<p>In re: EVERLASTING HOSPICE, INC.,</p>	<p>CASE NO.: ADVERSARY NO.: CHAPTER: 7</p>
Debtor(s).	<p><b>CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</b></p>
Plaintiff(s),  Defendant(s).	<p>[No hearing]</p>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Arnulf Roan Tuadles, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- I am the president or other officer or an authorized agent of the Debtor corporation
- I am a party to an adversary proceeding
- I am a party to a contested matter
- I am the attorney for the Debtor corporation

2.a.  The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

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[For additional names, attach an addendum to this form.]

b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 04/18/2023

By:   
Signature of Debtor, or attorney for Debtor

Name: Arnulf Roan Tuadles  
Printed name of Debtor, or attorney for Debtor

**CAP ERS Repayment Plan**

**CMS Medicare**  
P.O. Box 6131  
Indianapolis, IN 46206

**De Gage Landen Leasing**  
1111 Old Eagle School RD  
Eileen Tansy Inquiry to Resolution  
Wayne, PA 19087

**Department of the Treasury**  
Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

**Inerlang LLC, d.b.a. Montgomery DME**  
c/o POOJA L. SHAH  
DENTONS US LLP  
601 South Figueroa Street  
Los Angeles, CA 90017

**Interlang LLC d.b.a Montgomery DMC**  
c/p Dentons US LLP  
601 Spitz Fogierpa Street #2500  
Los Angeles, CA 90017

**Interlang, LLC d/b/a Montgomery DME**  
14109 Pontlavoy Ave  
Santa Fe Springs, CA 90670

**Latasha Coyle**  
c/o Andrew Athanassious, Esq.  
The Athanassious Law Office  
4231 Balboa  
San Diego, CA 92117

**Loans payable**

**Montgomery DME**  
**14109 Pontlavoy Ave**  
**Santa Fe Springs, CA 90670**

**Motaz M. Gerges, Attorney at Law**  
**18543 Devonshire St. #448**  
**Northridge, CA 91324**

**Mr. Arnulf Roan Tuadles**  
**9548 Topanga Canyon Blvd.**  
**Chatsworth**  
**CA 91311**

**National Government Services**  
**P.O. Box 6474**  
**Indianapolis, IN 46206**

**National Government Services, Inc**  
**Attn: Provider Written General Inquiries**  
**P.O. Box 6474**  
**Indianapolis, IN 46206**

**Pablo Mie:, ruel, VP of Operations**  
**Interlang, Inc dba Montgomery DME**  
**14109 Pontlavoy Ave**  
**Santa Fe Springs, CA 90670**

**Pooja J. Shah, Dentons US, LLP**  
**601 S Figueroa Street**  
**Suite 2500**  
**Los Angeles, CA 90017-5704**

**PPP Loan Payable**

**State of California  
Franchise Tax Board  
P.O. Box 2951  
Sacramento, CA 95812**

**State of California  
California Department of Tax and Fee Admin  
1521 Cameron Ave  
Suite 300  
West Covina, CA 91790**

**State of California Board of Equalization  
Account Information Group, MIC: 29  
P.O. Box 942879  
Sacramento, CA 94279-0029**

United States Bankruptcy Court  
Central District of California

In re: Everlasting Hospice, Inc.

Case No.

Chapter 7

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 04/17/2023

  
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Signature of Individual signing on behalf of debtor

President  
\_\_\_\_\_  
Position or relationship to debtor